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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 10/582,173-Conf. #4007
	Filing Date March 19, 2007
	First Named Inventor Adolf Jesih
	Art Unit N/A
	Examiner Name Not Yet Assigned
	Attorney Docket Number 21170/0207338-US0

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: **07278** Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **07278****OR** Firm or Individual Name

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)**SIGNATURE of Applicant or Assignee of Record**

Signature

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Name

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Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of **1** forms are submitted.